

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Christine Sherwood  
Christine Sherwood

Appl No. : 10/019,563 Confirmation No. 8701  
Applicant : Jan Otto Solem, et al.  
Filed : July 1, 2002  
Title : DEVICE AND METHOD FOR TREATMENT OF MITRAL  
INSUFFICIENCY  
TC/A.U. : 3738  
Examiner : To be Assigned  
Docket No. : 49989/MEG/E303  
Customer No. : 23363

THIRD PRELIMINARY AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Post Office Box 7068  
Pasadena, CA 91109-7068  
October 10, 2003

Commissioner:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.

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Name: Commissioner of Patents  
Art Unit: 3738  
Examiner: To be Assigned  
Phone: (703) 306-5648  
From: Mark Garsoia  
Reg No. 31,953  
Re: Application No. 10/019,563  
Filed July 1, 2002  
Entitled DEVICE AND METHOD FOR TREATMENT OF MITRAL  
INSUFFICIENCY  
File: 49989/MEG/E303

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Christine Sherwood  
Christine Sherwood

\*Correspondence: Amendment Transmittal Letter and Third Preliminary  
Amendment

For Office Services Use Only  
Return to Christine Sherwood

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
AMENDMENT TRANSMITTAL LETTER

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*Christine Sherwood*  
Christine Sherwood

Applicant : Jan O. Solem, et al.  
Application No. : 10/019,563  
Filed : July 1, 2002  
Title : DEVICE AND METHOD FOR TREATMENT OF MITRAL INSUFFICIENCY

Grp./Div. : 3738  
Examiner : To be Assigned

Docket No. : 49989/MEG/E303

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October 10, 2003

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	40	*38	2	x \$9.00	2 x \$18.00	\$36.00
Independent Claims	9	** 7	2	x \$43.00	2 x \$86.00	\$172.00
Multiple Dependent Claims ***				\$145.00	\$290.00	
TOTAL FILING FEE						\$208.00
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"					
LIST INDEPENDENT CLAIMS: 11, 22, 23, 31, 32, 42, 48, 49 and 50						
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME **** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS"						

Attached is our check for \$ to pay the fees calculated above.

A Petition for Extension of Time and the required fee are enclosed.

Other enclosures:

**Amendment Transmittal Letter  
Application N . 10/019,563**

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. A copy of this letter is enclosed.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By Mark Garscia  
Mark Garscia  
Reg. No. 31,953  
626/795-9900

MEG/cks

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